Jefferson-Blount-St. Clair Mental Health Authority

Two Year Plan Guiding Service Development for the Period
October 1, 2009 through September 30, 2011

Catchment Area and Service Population Focus

The adult consumer populations that are the focus of this planning effort include those who suffer from severe and persistent mental illnesses or who suffer from substance abuse disorders and who live in Blount, Jefferson, and St. Clair Counties of Alabama (designated as the M-5 catchment area). This planning effort will also include an examination of services for children/adolescents who have serious emotional disorders or substance abuse disorders.

Vision Statement: The Jefferson-Blount-St. Clair Mental Health Authority is committed to the provision of high quality services to individuals in the least restrictive setting necessary and appropriate for their care.

The Authority (the official name change was registered in July 2009 to drop "Mental Retardation" from the Authority's legal name) will strive to achieve this outcome in all aspects of its operations including the programs directly provided by its staff and in the support that its staff offers to those providers under contract to the Authority to provide services. Customer satisfaction, both with directly provided services and contractor services, will provide the barometer by which the Authority will gauge how closely it realizes this vision.

Mission Statement: The Authority is dedicated to serving individuals in Blount, Jefferson, and St. Clair Counties who suffer from the effects of severe and persistent mental illness, mental retardation, and substance abuse disorders. The Authority will work in concert with the consumers it serves, their family members, and the local providers with whom it contracts for services to assess, prioritize, plan, develop, and implement a comprehensive system of care to address the needs of the citizens that it serves. Through the programs that it operates the Authority will strive to promote each consumer's human worth, dignity, and quality of life through services that are individualized, culturally relevant and empowering and which are provided in a manner that is normalizing and respectful of their rights and responsibilities.

Overview of Directly and Contracted Services in the Catchment Area

The Authority is responsible for the development and implementation of service plans for mentally ill and substance abuse populations. It meets these responsibilities through a combination of services that it provides through its own employees and through contractors.

Mental Illness Services. The Authority directly provides the following mental illness services on a catchment area-wide basis:

- Residential programs (group homes, apartments, Foster homes);
- Case management for adults and children;
- PACT and/or ACT services;
- Specialized adult outreach services (e.g. forensic services);
- Specialized children's outreach services;
- Services for homeless individuals through the PATH grant.

Contractors engaged to provide outpatient services for mentally ill consumers include Eastside Mental Health Center, the University of Alabama at Birmingham's Comprehensive Community Mental Health Center, and Western Mental Health Center. Each of these providers is responsible for mental illness services in specified areas of Jefferson County as well as Blount and St. Clair Counties. These programs are all certified by the Department of Mental Health (DMH) as Community Mental Health Centers. The directors of these three providers meet on an ass-needed basis with the Authority's director to address service development and coordination issues within the catchment area.

Psychiatric inpatient care for the catchment area is provided through a contractual agreement with the University of Alabama Hospital and Hill Crest Hospital.

Substance Abuse Treatment and Prevention Services. Substance abuse services in the M-5 area are provided through contractual arrangement. The organizations engaged to provide these services include:

- Alcohol and Drug Abuse Treatment Centers, Inc.
- Aletheia House
- Fellowship House
- Gateway, Inc.
- Hope House, Inc.
- Jefferson County Committee for Economic Opportunity
- Oakmont Center for Human Services
- St. Anne's Home, Inc.
- UAB Substance Abuse Program

The substance abuse service agency directors meet with the Authority's director on an as-needed basis to coordinate treatment and prevention services in the catchment area. These meeting also provide a forum for the discussion of service development needs for the catchment area. Each provider is responsible for conducting meetings with consumer advisory groups and then provides the input from these groups to the Authority during service planning/coordination meetings.

I. Two Year Service Plan Development

The Authority initiates a structured review process every two years to examine its service continuum for needed areas of expansion or revision. This planning cycle is designed to allow the Authority's catchment area to provide meaningful input the DMH/MR's statewide planning process. The structured, formal review process is initiated in April of the year in which the two year cycle ends. The process includes focused meetings with each stakeholder group to obtain input to service needs in the area. Monthly service coordination/review meetings that include key stakeholders provide an ongoing review and planning process that allows the Authority to constantly update is service plan and revise the area's continuum of care to meet service needs as they arise. These regular planning/coordination meetings provide a basis from which continuous enhancements can be made to the quality of services provided in the M-5 catchment area.

There are numerous stakeholders that participate in the area's planning process. The Authority's contract service providers are one obvious group of stakeholders. Family member advocacy groups, consumer support groups, and agencies that

receive and pay for the Authority's services also contribute to the planning process. In addition to the contractor service planning/review/coordination meetings described earlier in this document, the Authority's director meets monthly with the members of the Family and Consumer Advisory Board to gain the views and opinions of area service consumers and their family members. In addition to this effort, each of the Authority's contractors conduct meetings with its own family/consumer advisory panel in order to gain the views and opinions on services from these groups.

The monthly meetings between the Authority's director and stakeholder representatives provide information regarding the services implemented in the area. The meetings include sessions not only with service contractors but also with family/consumer representatives. Along with these face-to-face meetings, annual surveys of family and consumer satisfaction are conducted to evaluate the perception held in these groups regarding the Authority's services.

Three additional planning forums have been added to these planning efforts. In 2006, Commissioner Houston initiated an acute care planning process that grouped mental health centers into regions. The Authority is one organization that is part of the Region II planning group. This new planning effort holds out the vision that the first 90 days of any acute care treatment episode should be provided at the community level rather than in a state mental health hospital. This planning effort led to significant funding coming to the M-5 area to start the process of meeting the Commissioner's vision. The first planning effort is part of the Governor's SMART planning process.

A second planning effort was also an outgrowth of the same planning (SMART) process and was designed to gather grass-roots service needs that would then be used to devise a state-wide plan for DMH. This process started in November 2007 and was intended to guide Regional planning meetings throughout 2008 in order to refine the Region's statement of service need.

The third planning process was initiated in early 2009 at the request of DMH in order to plan mental illness program services. This effort was also regional in scope and was brought forward because of the recognized need to outplace people from Bryce and Searcy Hospitals. This third planning effort will not impact this plan, but it will result in service pattern changes mid-way through this planning cycle.

II. Two Year Plan Components

A. Description of the Catchment Area's Population. The 2000 census (and subsequent estimates based on that census) provides the basic population demographic information for Blount, Jefferson, and St. Clair Counties. In addition, service recipient counts provided by contractors, DMH-supplied needs data (such as the prevention needs data book and the profile of substance abuse treatment needs), and hospitalized patient listings provided by DMH are used to provide an indication of service populations in the catchment area. The population figures will be corrected by the actual census count that is scheduled for 2010.

The 2008 census estimate lists 51,024 residents of Blount County. This marks an increase of 30% over the county's population in 1990. Of these, 12,948 are under 18 years of age and 38,076 are 18 years of age or older. Among the adults, 6,558 were 65 years of age or older. The census data indicated that 11.7 percent of the county's residents had an income that was below the federal poverty level.

There were 662,047 residents in Jefferson County as determined by the estimate of the 2008 census. This count is essentially unchanged when compared to the 1990 census. Of these, 164,240 were children below the age of 18 while 497,807 were adults 18 years of age or older. There were 90,285 adults in the county who were 65 years of age or older according to the census. Overall, 14.8 percent of the county's residents had an income that was below the federal poverty level.

The count of residents revealed that St. Clair County had an estimated total of 64,742 residents in 2008 and had sustained an increase of 30% from its population in 1990, making it one of the fastest growing counties in the state. There were 16,417 children under 18 years of age in the county and 48,325 adults 18 years of age or older. Among the adults, 7,578 people were 65 years old or older at the time of the census. There were 12.1 percent of the county's residents who had an income that was below the federal poverty level in 2000.

The M-5 area had a population of 777,813 according to the 2008 census estimate. This is the largest population of individuals served by any catchment area in the state. Over the last 10 years, this catchment area has seen a total of 2,794 total individuals committed into the care of DMH/MR for treatment of a severe and persistent mental illness. And, 2,640 of these individuals were returned to the area following treatment in a state facility. In fiscal year 2007-2008, 395 people were committed into the state's care at Bryce Hospital from the M-5 area. And, in fiscal

year 2008-2009, 400 commitments took place. In each of these two years, the probate courts in the three counties of the service area received over 1,200 commitment petitions, with Jefferson County accounting for the majority of the filed petitions. The need for local acute psychiatric care is obvious when these data are viewed against the total placements into Bryce from Region II. In FY07-08, 673 commitments into Bryce were made from probate courts in Region II, with Jefferson County providing 59% of these placements. In FY08-09, Jefferson County accounted for 57% of the 719 commitments from the Region.

The three county service area presents a mixed picture of needs for substance abuse treatment and prevention services. Among all of Alabama's counties, Blount County still ranks 56th in terms of needing additional substance abuse services according to the DMH's Substance Abuse Division's data book. Jefferson County still ranks 23rd in this same book, while St. Clair County is ranked 45th. In order words, compared to other counties in Alabama, Blount continues to be among the 12 best counties to live when the measured degree of substance abuse is examined. St. Clair is also listed having a low overall need for substance abuse treatment services, while Jefferson County received a middle-of-the-road ranking in its need for additional services. The three counties presented a mixed picture of the need for substance abuse prevention services according to the DMH Substance Abuse Division's ratings book. Blount County was found to have a very low risk for substance abuse (state rank of 3, which is very low risk) while also having very poor level of protective factors that might reduce the development of substance abuse (rank of 54, which is 13th worst in the state). St. Clair County was ranked very low in protective factors (62nd, 6th worst in the state) but as having a relatively low risk level (17th place). Jefferson County, however, had a very high risk (58th in the state) for youth developing substance abuse problems but there were a decent level of protective factors (rank of 14 statewide, indicating a fairly high level of protection) available to the county's residents.

B. Assessment of Catchment Area Needs. The needs assessment for this two year plan was conducted during planning meetings held between November 2007 and early October 2009. Formal planning meetings included service pattern reviews conducted with:

1. Regular monthly family/consumer advisory group meetings;
2. Meeting with NAMI-Birmingham (including family members and consumers);
3. SMART planning process and included a review of mental illness program needs as well as substance abuse program needs. This process was initiated by Commissioner Houston and included a regional service array review that was then translated to the local mental health service level. The SMART planning

process resulted in a regional plan that was submitted to DMH in late 2006 and which was intended to guide future service development;
4. A final review meeting held with the Authority's Executive Committee in November 2009.

The continuum of services (mental illness or substance abuse, as appropriate to any given meeting) available in the catchment area is presented earlier in this plan. The SMART grass-roots effort was kicked-off by a meeting held in November 2007 was developed the first listing of needs for the M-5 area. Documents related to that planning effort are presented in Appendix A. This SMART planning effort included the development of needs for both mental illness and substance abuse services.

Subsequent grass-roots planning meetings were conducted throughout 2008 and eventually this group changed to the Region II Planning Task Force. The focus of this planning body shifted to mental illness services as suggested by DMH since the focus of changes in state dollar funding. This planning body met several times in 2009 with its efforts cumulating in a special meeting held on September 22, 2009. Documents pertaining to that meeting are presented in Appendix B. This planning group was formed in 2009 following evaluations of consumers residing at Bryce and Searcy state hospitals. The evaluations focused on individuals who had been hospitalized for 90 or more days and who were present in the hospitals in February 2009.

C. Previous Plan Goals and Impact on the 09-11 2-Year Plan. Planning efforts took into account the funding received in the M-5 area through DMH that funded acute-care efforts. Planning also took into account the loss of funds from the area when proration was declared in FY08-09. The Authority received funds from DMH to implement a MOM apartment complex and dual-diagnosis apartment program (total of $608,000), a psychiatric emergency room ($1,800,000, and a dual-diagnosis residential group home service ($240,000). The dual-diagnosis programs were put into place by Fellowship House on behalf of the M-5 area. These funded services represented meeting several of the MI funding objectives stated in the last 2-year plan as well as one of the substance abuse objectives. The psychiatric emergency service was not implemented as the Authority lost a valuable service partner (UAB) in this effort, and the funds were then shifted to other efforts (see Appendix C). Unfortunately, proration in FY08-09 took away $650,000 of the funds received for the re-directed funding. In addition, DMH allowed the Authority to shift funding from other efforts and also funded additional money to the Authority to put beds into service with Hill Crest

Hospital in order to divert individuals from placement into Bryce. Hill Crest as become a Designated Mental Health Facility as part of this process so that it can retain people in treatment after a probate judge enters a final order of commitment regarding that individual.

D. Services and Needed Expansion.

Children's Services Expansion. The previous children's program service expansion that took place in the M-5 area will continue to be a focus of support. The outplaced service units at DHR, Family Court, and local school systems need continued local support to stay active and available. A new area of need is found in the expansion of children's service units in St. Clair and Blount Counties. The Authority will look for opportunities to expand in these two counties to continue to expansion of its program. The need for psychiatric services for children remains at the top of the list of needs for children. The Authority will look for service partners so that physician psychiatric services for children can be expanded.

Mental Illness Service Expansion. The MOM apartment program was implemented in 2008. Thus far, it has been a successful service pattern. Expanded use of that model is included in planning efforts.

Other support services recognized as needing expansion include peer-to-peer services, housing, transportation, and additional staffing for mental health centers. Peer counseling and peer mentoring programs seem to be gathering interest at the federal level, and have been implemented through Medicaid funding in other states. At this time, Alabama does not recognize peer services for Medicaid reimbursement, but this may change in the future. Peer-to-peer support services would be available through services that can be reported to Medicaid for reimbursement by mental health centers at this time, but such services if offered would not be seen as peer-driven, but rather as simply another mental health center program. Development of additional HUD housing opportunities can occur over time depending on the availability of federal funding for supported housing. The other expansion services mentioned, transportation and additional staffing, will require significant infusions of funding to implement.

Crisis services for mentally ill individuals and alternatives to state psychiatric hospitalization comprise the other major category of suggestions for mental illness service expansion. A psychiatric urgent care clinic will also be part of the planning focus for the coming two-year cycle.

Substance Abuse Service Expansion. Increasing the availability of detoxification services was easily the most frequently mentioned area of expansion for substance abuse programs. The state currently funds only two residential detoxification programs, with Pearson Hall being one of them. An expansion of such services needs to be considered for the M-5 area, and it was recommended that a range of available services be developed from hospital-based programs to outpatient services. An additional need surfaced in the planning meetings with the recognition of the need for dual-diagnosis treatment settings that are readily available at all levels of care.

E. Resource Development and Allocation. The financial data continue to reveal that 95% of the Authority's funding in any given fiscal year is comprised of state or federal funds that are derived through DMH contracts. It is therefore vital that the Authority continue to participate in the service planning efforts arranged by DMH.

At the present time, expansion of crisis services has been contemplated for this region based on the fact that over half of the residents of Bryce Hospital are from Jefferson County. This is not a new finding, and given the county's population (over 650,000) this fact will remain a constant for many years to come. For this reason, future additional mental illness funds for this region should be applied to services that can divert individuals from placement into the state's care in an inpatient psychiatric facility. Other local funding for such efforts is unlikely to be obtained in the next several years.

III. Goals and Objectives

Mental Illness Goal 1. Develop crisis response services that will provide local hospital care and transitional support services in order to reduce the area's reliance upon state psychiatric hospitals for inpatient care. This goal is clearly in concert with DMH planning efforts.

Objective 1: Funding for this effort has been has already been provided by DMH in the amount of $2.4 million. Additional funding must be sought in order to add residential programs to supplement the inpatient programs. Attainment of this objective can be measured by a contract amendment being supplied to the Authority by DMH.

Objective 2: Support discharges from DMH facilities to support patient flow through state institutions. Increasing the pace of discharges from Bryce will help reduce hospital overcrowding. The average daily census of Bryce will reflect progress toward this goal.

Mental Illness Goal 2. Obtain funding to support the projected downsizing of Bryce Hospital.

Objective 1: Plan with Region 2 partners for services to reduce the number of beds operated by Bryce Hospital. The submission of a plan will mark the attainment of this goal. Financial needs will be stated in the plan.

Objective 2: Implement the downsizing plan in partnership with Region 2 providers. This objective will be measured by implementation of services to achieve the downsizing and by funding being made available by DMH for these efforts.

Mental Illness Goal 3. The concept of an after-hours drop-in psychiatric treatment clinic is a very powerful model for treatment. While not a long-term treatment location, such a program would provide brief treatment to sustain an individual in a community living arrangement while services are arranged at one of the three mental health centers in the M-5 region. Alternatively, this type of program would provide an outpatient service location available to consumers enrolled in services with one of the three area mental health centers that would provide psychiatric support for consumers after-hours. At this time, the only available after-hours treatment is through a local hospital emergency room, which is an expensive level of care.

Objective 1: Financial support for this plan was lost in FY08-09. Examine possible local sources of funding for this effort.

Objective 2: The SMART plan contains a funding request for this program. Obtaining the requested funds in a contract from DMH will allow the program to begin development.

Mental Illness Goal 4. Support the establishment of peer-level programs in the M-5 area. Funding for this type of service is included in the SMART plan.

Substance Abuse Goal 1. Seek expansion of substance abuse treatment services in Blount and St. Clair Counties. The Authority has supported the expansion of substance abuse services to Blount County by assisting The Hope House in its efforts to be certified as a substance abuse service provider by DMH.

Objective 1: Support The Hope House in its attempt to expand its services. The Authority has already provided such support by moving funding from one service contractor to Hope House. Additional funding will depend on service funding increases that are made available by DMH. This objective can be measured by looking into the Authority's contract with DMH for increases in funding directed to The Hope House.

Objective 2: Identify a treatment provider that can open and staff a public sector treatment office in St. Clair County. This objective may take quite a while to achieve.

Substance Abuse Goal 2. Increase the availability of detoxification services in the M-5 area. This goal is carried over from the last plan. It was not realized in the past and is still needed. No local funding is available to support such services, and any funding announcement for detox services by DMH will be pursued by providers in the M-5 area.

Thank you for taking the time to review this service development plan. Any questions or comments regarding this plan can be directed to:

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